PhilHealth
Your Partner in Health

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
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PhilHealthOfficial teamphilhealth

SWORN DECLARATION/IDENTIFICATION OF RELATIVES IN PHILHEALTH
(Pursuant to Corporate Policy on Nepotism and Hiring of Next-of-Kin)

I, Mr./Ms. _____ of legal age, presently residing at
_____

[ ] do hereby declare that I do not have any relatives

[ ] do hereby declare/identify the following as my relative/s or member/s of my family within the third degree either of consanguinity or of affinity who is/are connected/employed with PhilHealth as either employee/job order contractor:

NAME	RELATIONSHIP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

It is hereby understood that "relative" or "family member" within the third degree either of consanguinity or of affinity refers to the following:

Consanguinity (includes individuals related by blood)			Affinity (includes the individuals Spouse and Related to the Spouse)		
First Degree	**Second Degree**	**Third Degree**	**First Degree**	**Second Degree**	**Third Degree**
Father and Mother	Brother and Sister	Uncle and Aunt	Spouse	Brother-in-Law and Sister-in-law	Uncle-in-law and Aunt-in-law
Son and Daughter	Grandfather and Grandmother	Nephew and Niece	Father-in-law and Mother-in-law	Grandfather-in-law and Grandmother-in-law	Nephew-in-law and Niece-in-law
	Grandson and Granddaughter		Son-in-law or Daughter-in-law	Grandson-in-law and Granddaughter-in-law	

Also, I declare that:

[ ] do not have a relative previously employed in PhilHealth that has retired, died or became incapacitated (permanent or total disability).

[ ] I am a relative of _____ *(name of PhilHealth employee)* who has (retired/died/became incapacitated) *Please underline.*
I am his/her (spouse/son/daughter/brother/sister) *Please underline.*

I declare under oath that this document has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws and corporate rules and regulations. I also authorize the agency head/authorized representative to verify/validate the contents stated herein. I trust that this information shall remain confidential.

Signed at _____ City on _____.
(date)

_____
Printed Name and Signature